

Please detach and MAIL or BRING to the
WESTFIELD RECREATION DEPARTMENT with Payment

Please note the following: only ONE participant per Registration Form.

Westfield Recreation Department - Winter/Spring 2007

PROGRAM REGISTRATION FORM

Please Print Clearly

PROGRAM NAME: _____ DATES: _____ FEE: _____

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PROGRAM NAME: _____ DATES: _____ FEE: _____

PROGRAM NAME: _____ DATES: _____ FEE: _____

CHECK NUMBER _____ TOTAL DUE: _____

(Make checks payable to: Westfield Recreation Department unless otherwise noted.)

Participant: _____ Phone: _____ - _____ - _____

Age: _____ Grade: _____ D.O.B. _____ / _____ / _____ M _____ F _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Participant or Guardian (PRINT) _____ Cell: _____ - _____ - _____

Physician: _____ Phone: _____ - _____ - _____

In the event of an emergency, please contact:

Name: _____ Phone: _____ - _____ - _____

Unusual Health / Medication Taken: _____

In an emergency, and in the event the parent / guardian or family physician cannot be contacted, I hereby give permission for use of such medical, surgical anesthesia procedures as may, in the judgment of the attending physician be deemed necessary in the care of the above participant.

I hereby give permission for the participant listed to participate in the above listed activity. I also hereby release the Westfield Recreation Department and the Board of Education from any and all liability from injuries, which may occur while participating in this program.

Signature of Parent or Guardian: _____ Date: _____

Additional forms can be located on our website:
www.westfieldnj.gov/recreation